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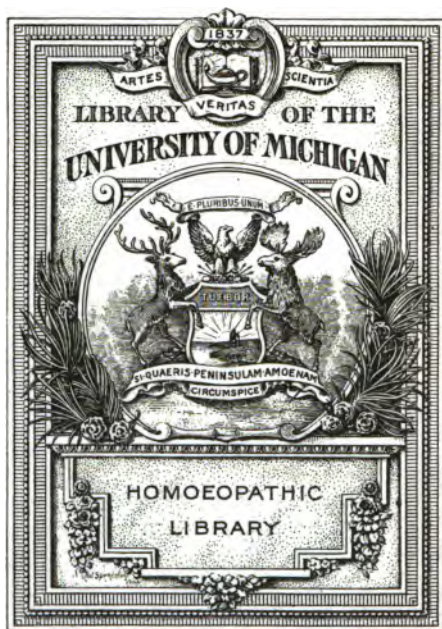
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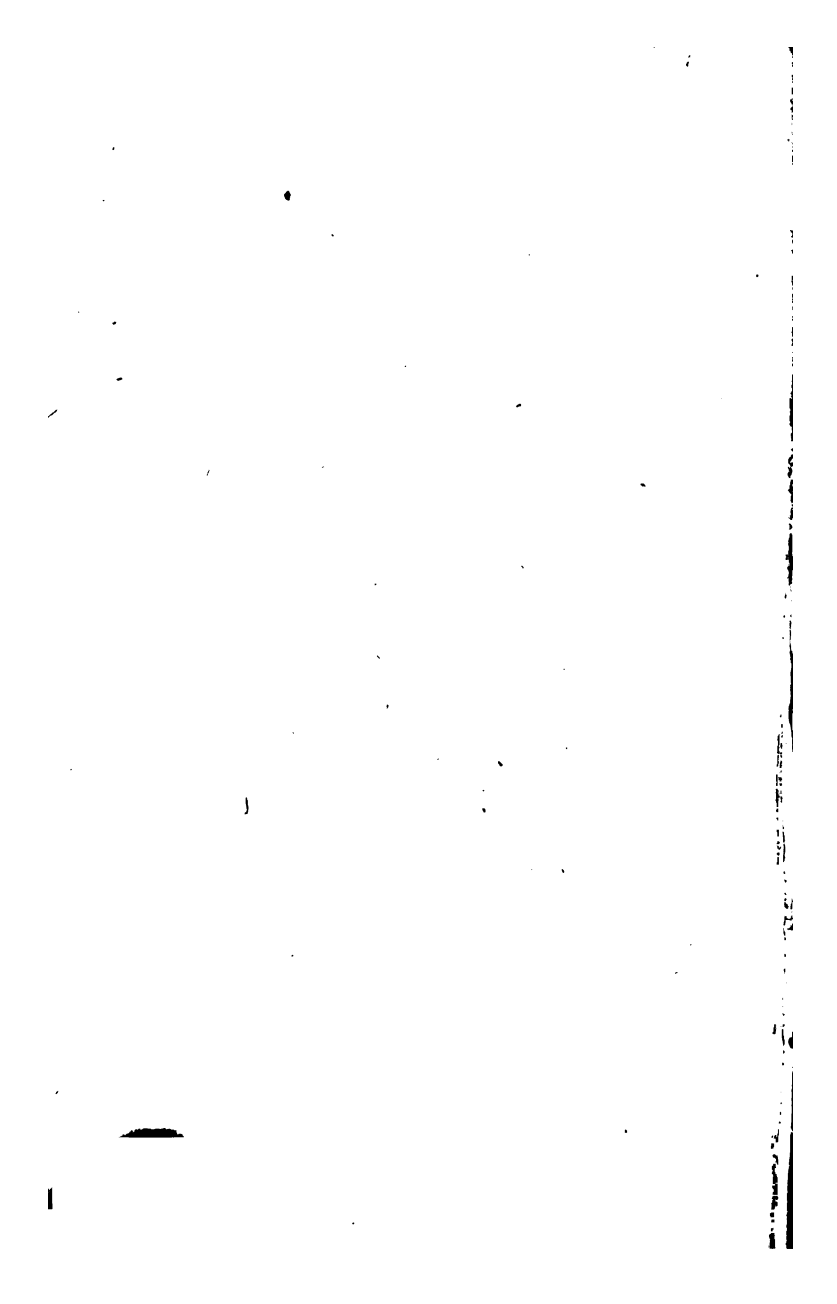
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HYPODERMIC MEDICATION

BY

FRANK WEBB, M.D.

Member of Connecticut Eclectic Medical
Association, National Eclectic
Medical Association

WITH

PREFATORY REMARKS

BY

JOHN URI LLOYD, Ph.M.

*"Prove all things and hold fast to
that which is good."*

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DEDICATION

To a dear, tried, and true old friend, one who has given of his all to the ECLECTIC cause,—time, money, and, above all, a master brain,—Stephen B. Munn, M.D., of Waterbury, Connecticut, this work is affectionately dedicated.

FRANK WEBB, M.D.

Bridgeport, Conn., October, 1912.



Prefatory Remarks Concerning the Pharmacy of Plant Hypodermics

The honor of being invited to contribute this brief Preface is the more appreciated because of the long and pronounced resistance of this writer to some features of this process of medication, a fact well known to the author of this book. It should be stated, however, that the rather pessimistic view heretofore held was not because of any venturesome criticism in a therapeutic direction, but because of pharmaceutical difficulties experienced in the preparation of permanent, representative, and feasible plant hypodermics. This feature of the problem lies within the writer's field, and has, for many years, given him much concern. To this phase of the subject his prefatory remarks must be confined, the object being to introduce a few problems that confront the pharmacist involved in the study of plant hypodermics.

It is very easy to make a hypodermic solution, say by dissolving a grain of morphine sulphate in a dram of distilled water,

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or a gramme of morphine sulphate in 30 cc. of distilled water. The same is true of all water soluble simple substances; but the pharmacy of a drug, from the hypodermic standpoint, differs greatly from the simplicity of merely dissolving a single substance in a single menstruum. To first study a complex vegetable structure in order to determine its desirable parts, to place these in aqueous solutions, and to know that the compound formed is permanent, makes a mighty problem. Even the abstracting of the desirable constituents of a complex vegetable organism, and the holding them in a permanent form in an aqueous menstruum, is in itself a perplexing study, even though the dominating drug constituents are water soluble. Very different is such as this from the mixing together of previously isolated substances that need be only weighed or measured. Let us now consider some of these pharmaceutical problems.

Water as a Solvent. Let it be understood that the simplest plant fragment, be it bark, root, leaf, or flower, contains substances inadmissible or unattainable in hydrohypodermic therapy. Resins, fats, and oils are insoluble in water, the same being true of many glucosids. Where such as these are

important, an aqueous hypodermic cannot, of necessity, represent these features of the drug. As examples may be mentioned such drugs as Iris, Thuja, Leptandra, and Echinacea, whose energetic principles are such as cannot be represented in any aqueous solution.

On the other hand, inert gums, useless glucosids, sugars, and such dissolve in water, often by their very presence causing the final disintegration of other constituents in a solution, thus unbalancing a liquid that, when first made, is truly representative of a drug's valuable constituents. Whoever has experienced the change that occurs in aqueous *Stillingia*, *Gossypium*, *Urtica*, etc., needs no further lesson.

The sugars of plants are prone to ferment, the albuminoids to putrefy. These substances enter naturally into aqueous solutions, producing perplexing and untoward alterations that almost defy explanation. Some alkaloidal salts, naturally very soluble, are seemingly very permanent, but yet, as time passes, they undergo undetermined alterations, or may even partly precipitate from aqueous solutions. As an example we need but mention the Sanguinarine alkaloidal structures. The baneful influence

of water on pure alkaloidal salts is well known to thoughtful students, a conspicuous example having been established when cocaine hydrochlorate solution, four per cent, was originally introduced, and which, as time passed, became markedly inactive.

As constituents of plant extractives, the mineral salts are often present in large amounts, and of these, even such as potassium nitrate are, in some instances, harmful, if allowed to remain in aqueous hypodermics. Thus the hypodermic problem of plant representatives, concerning water alone, involves both pharmaceutical and plant perplexities that are exceedingly complicated. The study of all these phases of the water problem alone requires time, experience, experimentation, and pharmaceutical knowledge.

Other Solvents. Such liquids as dissolve plant fats and oils are usually out of the question. They include benzol, albolene, chloroform, ether, acetone, carbon bisulphide, carbon tetrachloride, etc. Such as these dissolve only limited classes of plant products, which are, fortunately, usually of minor therapeutic importance. Of these, even, ether and chloroform, which in emergency cases may be employed for their own qualities, are inadmissible as subcutaneous

medicine carriers, and need not be seriously considered as hypodermic menstruums.

Glycerin. This is an excellent solvent for many plant structures that, as a rule, are also soluble in water. Diluted with water, it becomes a preservative in many cases where water alone favors fermentation. However, in this writer's experience, glycerin should not constitute an excessive proportion of the menstruum.

Alcohol. The best known preservative of organic textures and the most universal solvent of certain important class constituents, alcohol, has also its faults, aside from its own irritating tendencies. It is a powerful solvent for resins, fats, and crystalline bodies, that tend to precipitate when injected into the tissue fluids of the body, and thus produce local irritation and ulcers at the point of injection. This writer now concedes, however, that alcohol is not, in itself, as pronounced an irritant as he once believed, for he has been convinced that much of the local irritation formerly attributed to alcohol is due to the aforementioned substances that are carried by the alcohol. Indeed, the freedom with which many physicians now use the alcoholic specific medicines hypodermically leads him to reconsider this phase

of the subject, and to absolve from the responsibility of many of the evils formerly laid to its charge, that should have been placed against the fluid extract companions of the alcohol. Dr. E. Jentzsch injects with impunity full syringes of Specific Medicine Lobelia, which is practically water-free. It is also to be noticed that Dr. Webb, the author of this book, is fearless in this direction, for he commends, very freely, different members of this same class of alcoholic plant preparations.

Hydro-Alcoholic Menstruums. These, unfortunately, as extractives, have even greater faults than alcohol alone. The water side of their composition dissolves such foreign materials as gums, inorganic salts, cane sugar, glucoses, coloring materials, soluble starches, vegetable acids, etc., that are practically insoluble in pure alcohol. The alcohol content dissolves such substances as have been mentioned under alcohol, namely, fats, resins, etc., thus loading a hydro-alcoholic extractive with large amounts of objectionable substances. For this reason the fluid extracts are prone to quickly deposit foreign matters in the tissues at the point of puncture, and to produce distressing ulcers, due to these substances

rather than to either the alcohol or the water of the medicine.

Heroic Chemistry. The above general remarks on the pharmacy side of the *menstruum* do not touch on the methods that involve the application of heroic chemistry, by which plant fragments are broken out of plant structures, and isolated, as, for example, the alkaloidal salts, which, unfortunately, are limited to a few plants, and are altogether absent from some of the most important remedial drugs. Such chemistry is also prone to introduce foreign materials that should not be present in pharmaceutical plant preparations. It naturally follows, for example, that excess of caustic potash or sulphuric acid, or any other heroic, is hypodermically inadmissible.

The Drug. Every drug is a thing in itself, and must be studied in its own behalf. Each drug represents a labyrinth of perplexities, involving all that has been so briefly stated herein, together with much else that relates to manipulative processes. It is not enough simply to percolate a drug with alcohol or water or glycerin or mixtures of these, and use the product for hypodermic purposes. Such processes associate together in the percolate a mass of incongruities that for-

bids the very name "hypodermic pharmaceutical." The study of a plant for hypodermic purposes involves more than any simple process of maceration and percolation, or any heroic method that relates to the breaking out and purifying of an alkaloid or a glucosid, or any other product of the heroic chemistry methods. As an evidence of this, the writer has, for many years, spared no thought, care, experiment, work, or expense, in the attempted production of these valuable additions to the physician's armamentarium, but as yet he must lament the paucity of the number of non-alcoholic plant hypodermics that have resulted.

In Conclusion. If, in thus briefly presenting some of the points connected with the subject of plant hypodermics, the writer has led the reader into a thoughtful consideration of the fact that hypodermic plant pharmacy is not a problem that can be lightly entered into and superficially passed, he will be satisfied. If he has failed in thus inspiring the reader with the regard that he believes the subject merits, he has faith that a true conclusion will be reached should the questioner, by experience, meet the problem as presented by the great world of vegetation.

JOHN URI LLOYD.

Introductory

The subject of this little book is one which, at the present time, is engaging the attention of men of all schools of medicine, and especially of the Old School.

You cannot read one of their prominent journals in which you do not find one or more articles written on some new anti-toxin. Most of them are devoted to what might be called animal therapy. This goes to show that they are awaking to the fact that their German coal tar products are not as satisfactory, to the rank and file of the Old School practitioners, as they would have you believe. Unfortunately they, to our minds, are turning in the wrong direction. But do not think, for a moment, that the attention of our progressive school is not looking in the same direction.

I have on file in my office many letters of inquiry and thanks for the blessing that has been bestowed on this or that patient by the hypodermic use of our superior vegetable remedies, which I have had the proud honor of calling to the attention of progressive physicians of all schools in a series of articles first published in the *Journal of Therapeutics*

and Dietetics. These, with many additions, because of repeated requests from my professional brethren, are now incorporated in book form and are sent out in the hope that many others will follow in the pathway and develop this method of plant hypodermic medication to such an extent that its utility cannot be gainsaid.


The subject of the subcutaneous use of drugs is not a new one, and we all know the use of the more common ones, such as morphine, strychnine, atropine, etc., and for that reason I have not considered their use in this work, which is confined to those agents which have been used less commonly.

The idea that any one man can, of himself, start a reform in medicine and carry it to a successful termination, is one of the most absurd things that the brain of man can conceive.

If our great Scudder and the grandest man that any school of medicine possesses — John Uri Lloyd — had been content to turn to commercialism, or had desired to keep their knowledge to themselves, where would be the magnificent work that Professor John M. Scudder did and, though he is dead, is still doing? Suppose the Professor had argued this way: well, I have discovered a

system of medicine that is superior to any other system, and I can cure where the other man cannot, therefore I will keep my mouth shut, make all the money I can, and let the other fellow shift for himself. But what did he do? He sat down and wrote his matchless works. When we look back, with what admiration we behold him teaching in the old beloved Institute, caring for a very large practice, and yet finding time to write his great brain, so to speak, into that medical library which he has left to the profession. It is hard to-day to pick up a medical book and not find back of it all the brain of Professor Scudder.

But even then, if men had been content to read his books and say, "Yes, he is right, but I guess I will go on in the old way," where would the reform called "Specific Medicine" be to-day, where would Scudder be to-day? He would be remembered as a successful doctor who cured his patients, and many would say, "If Dr. Scudder were alive we could get cured." But, instead, these men of the medical profession accepted the fact of his superior intellect and followed his teachings. They discussed and criticised his writings. Many condemned and railed at them in our own school, but the fact that



remains is simply this, that by co-operation of other lesser brains with the master brain we have produced those twin systems of which he was the founder — Specific Medication and Specific Indications.

So it is with those who are writing and, so to speak, experimenting in the hypodermic use of our galenicals. There are those who scoff at it and say it is barbarous, and even assert that a doctor should be kicked out of doors who attempts to do anything of the kind. These same men do not stop to think that they would have been among the foremost to cast stones at the early medical reformers, and joined the mob that hounded that sturdy old Samuel Thomson and would have reviled Scudder and King. They accept what they taught now, because it is an established fact. So we will find, in the years to come, that hypodermic medication will be a valuable asset to our system of medication, and that it will be accepted by the rank and file of the profession.

It is not my purpose to be personal, but in the interest of fairness I ask all men, who do not want to use our drugs by this method, to suspend their judgment until such time as the truth or fallacy of this system of the

use of our remedies hypodermically can be definitely settled.

A few instructions are necessary to those who desire to become successful in the manipulation of this method of drug medication.

First. The Preparation of the Patient. I never leave it to the nurses or the persons who are taking care of the sick to prepare the patient, but I do it myself. I take asepsin soap (Lloyd's) and just as hot water as the patient can bear, and wash the part thoroughly; then I pour full strength dioxygen on the part so as to make sure that the pores are cleansed perfectly and that the part is sterile.

The needle is next prepared. I always carry a small alcohol lamp with me and a bottle of alcohol. I heat the needle to a white heat and then plunge it into the alcohol, with the result that I am positive that I cannot infect my patient. In fact, I have always pursued this method and never have had an abscess from the use of the hypodermic needle.

Second. The Place to insert the Needle. Now, where shall we insert the needle? I have found by watching other physicians that there is a great deal of carelessness, or lack of knowledge, concerning the insertion

of the needle. Some will plunge it into the arm or thigh, and then condemn hypodermics as dangerous abscess breeders and infection carriers, when the truth of the matter is that the whole fault lies within themselves.

The way I was taught, and have always pursued, is to be sure and exclude all the tissues. Grasp the skin firmly, raise it from the tissue as far as you can, then plunge your needle in about two-thirds its length; at the same time free the skin that the needle has been withdrawn from, so that the capillaries can quickly and readily absorb the drug. It may be hard at first to do this, but the technique can be easily acquired with a little practice. Those physicians and nurses who plunge the needle in deep, without due regard to the significance of the term,—for when we stop to think, what does the term hypodermic mean but under the skin and not in the tissue,—should stop and consider. If they have regarded the simple laws of cleanliness, I do not think they will have any reason to condemn the reasonable and proper use of the hypodermic needle.

The location of the introduction of the needle will have to be determined by the judgment of the user. Should you wish to

quiet the severe pains of bilious colic, the injection of dioscorea would be in the abdomen, or in a case of diphtheria or membranous croup in the arm or shoulders. We might cite other instances, without number, but as I have said before the location must depend upon the judgment of the user.

Third. The Preparation of the Drug. The preparation of the drug that you use must be carefully considered. You cannot use a fluid extract or a tincture prepared from a fluid extract. The most reliable remedies for hypodermic use that we have at the present time are the specific medicines of Lloyd Brothers. The only unpleasant feature of the hypodermic use of the specific medicines is that they are apt either to burn or scald, at the point of injection, as the patient says, which is due to the alcohol and lasts but a short time.

Since I first began to write upon the use of plant hypodermic medication we have received from the laboratory of Lloyd Brothers several preparations prepared especially for hypodermic use to which they have attached the name Subculoyd. These do not cause any pain or burning at the point of the injection. These preparations will be added to from time to time until a large list

of them are obtainable. The drugs which can be ordered at the present time under the name Subcutoloyd are Apocynum, Dioscorea, Hyoscyamus, Lobelia, Lycopus, and Veratrum.

Fourth. The Size of the Dose. The size of the dose is not fixed arbitrarily in this book. Some men might use smaller dosage with equally good results. No one need, however, fear to use the dosage that I have specified in treating of the different drugs in this work, for I have employed them in so many cases that I have no hesitation in recommending their use. They will not cause any trouble, as those who have used Veratrum or Lobelia hypodermically can testify.

When I first advanced the theory of plant hypodermic medication before the Connecticut Eclectic Medical Association, several of our learned men assured me that it was the alcohol that did the work and not the drug. I have tried the sterile alcohol and have obtained no relief, while I have received decided benefit, in a very short time, in the same cases with the specific medicines.

The dread of morphia is so great that it was hard work, at first, to get patients to consent to the use of hypodermics; but now

More



the same parties, who protested so loudly against my using them, will say, "Doctor, can't you give me a 'hypo' of something to relieve me, one of those you gave me the last time, that did not dope me?"

The reader must not think that I confine myself to the use of drugs hypodermically, for that is far from the truth. For quick and certain action, however, in acute cases this method is superior to all others. After relief has been secured the remedies may be given internally to complete the cure.

I wish to express my thanks to Professor John Uri Lloyd for his kindness in writing the Preface to this little work, and also desire to state that much of the success that I have obtained in this line of treatment is due to his encouragement and kindness in supplying me with the Subculoyd preparations for experiment.

While I am an eclectic physician, and am firm in the faith of eclecticism, this work does not go forth as the work of any particular school, but is addressed to the large and ever increasing body of intelligent and liberal prescribers in all schools.



Achillea Millefolium

This drug has not been used so much in general medicine as it has in the domestic practice of the country, where it has made an enviable reputation for itself. It is of especial use in passive hemorrhages which are small in amount, also in urinary suppression, irritation, and strangury.

The first case in which I ever used the *Achillea* was one of menorrhagia accompanied by diarrhea. I had used several well-known drugs without any effect whatever. I packed her, elevated the bed at the foot, and pursued all the methods usually adopted to check the flow, but without avail. I was about to send her to the hospital when I thought of *Achillea*. I gave her the Spec. Med. *Achillea* in small and repeated doses by the mouth for twenty-four hours, and getting no results, in despair I filled my hypodermic syringe with the Spec. Med. *Achillea* and injected it into the hip of the patient. She screamed from the pain, and her mother began to call me a brute and several other names, which excited and alarmed ladies are apt to call doctors at times. I assured her that the


treatment would not kill her daughter and sat down and awaited results. In one hour I repeated the injection, using thirty drops at this time. Very shortly after the second dose the flow became greatly reduced.

In another case the patient suffered from chronic leucorrhea, and she was so much benefited by the hypodermic use of Spec. Med. Achillea that I continued its use at intervals of about a week until she was completely cured. I used thirty-drop doses and injected them into the upper part of the right thigh.

I have used this remedy in fifteen such cases with the result that I benefited eleven and cured four of the leucorrhea.

I was called to an old gentleman who was suffering from urinary suppression. He was in a state of coma, and after using heat and the ordinary means, I thought of the Achillea. I filled my hypodermic syringe with the Spec. Med. Achillea and injected it into the lower part of the abdomen.

In half an hour I repeated the injection, using at that time thirty drops of the drug. In less than an hour his kidneys began to work, and the old man's life was saved by the use of a very humble weed, known in domestic practice as yarrow.



Specific Indications. Menorrhagia that is of a passive character, also leucorrhea and in urinary suppression where it is due to capillary obstruction rather than from any diseased condition of the kidneys.

Apocynum Canabinum

The use of the Apocynum for its effect on the renal and circulatory organs is too well known for me to dwell upon that phase of the subject. I have had the most brilliant results from the hypodermic use of the drug, especially the Subculoyd preparation, which is absolutely painless and will not produce any bad effects whatever.

In the commencement of my experimenting hypodermically with this drug I used the Spec. Med., the Mother Tincture, and Dist. Ext., but could obtain results only from the first two. Much as I value the distilled extract, and I have used it with the greatest success, I must confess that I have had nothing but failure when attempting to use this preparation hypodermically.

If there is any puffiness of the eyelids or hands, or pedal edema, I find that the drug will fulfill its specific indications much quicker than when these symptoms are wanting.

I think that it is the only drug on which we can rely in sciatica. I have used this remedy hypodermically in over forty cases. Some have seemingly been cured and have

not returned, while others, after a lapse of six months or a year, would return for another treatment. The hypodermic injection of five to fifteen drops in the hip, every three or four hours, for a few days would send them away cured again of their painful affliction.

I find a good use for this agent hypodermically in any case of neuritis. In neuralgias it will cut short the pain every time, but its chief use is in sciatica and lumbago. I have cured a long standing case of lumbago with the hypodermic use of Spec. Med. Apocynum and relieved many cases that have been chronic for years.

I recall one case where a laborer had been confined to his bed for three weeks, and you could hear him groan all over the house if he attempted to turn in bed. He was cured in three days by a hypodermic, twice a day, of ten drops of Spec. Med. Apocynum injected into the lumbar region. Now when he feels any symptoms of the return of the affliction he will come to my office for me to use my "squirt gun," as he calls it, on him and usually one injection is sufficient.

In another case a person had been blistered by red-hot irons and tincture of cantharides. When I was called he was very

weak from the torture which had been inflicted. I gave him three hypodermic injections of the Spec. Med. Apocynum, and in three days had my man out at his work, much to the surprise of the — *scientific* — doctors, who told the man's wife that he could not get well anyway, and would be a cripple the rest of his days. This statement was made after she telephoned she was going to make a change in physicians.

These cases could be multiplied extensively, but I have referred to a sufficient number to give you a good idea of the action of the remedy. At the present time I am using the Subculoyd preparation of the drug and would advise all to use it in all their hypodermic administrations.

Specific Indications. Whenever you have edema of the cellular tissue in any portion of the body, especially with puffiness under the eyelids, in the hands, or feet. Particularly useful in neuritis of all descriptions.

Echinacea Angustifolia

In the hypodermic use of Echinacea, as in others of our drugs, I presume that I have been behindhand in the march of progress, but as no one has written on this subject — the hypodermic use of Echinacea — I thought I would.

There are a multitude of indications for the use of this drug, but they all point to one end, that is sepsis or “blood depravation.”

Of late I have been guided by the breath of a patient to a certain degree. If with the well-known indications you have a sweet, mawkish breath, use Echinacea every time. In typhoid you can remove all doubt of the recovery of your patient by the use of the following prescription: Echafolta ℥ii, Aqua Dist. ℥i. The administration of this is as painless as any preparation that does not contain alcohol can be. In typhoid fever give three or four hypodermic injections, of thirty drops each, every day, with the internally indicated drugs, and you will find after three or four days that you can safely drop your hypodermics and resort to internal means alone. Prepare your patient

yourself and make the injection in the left arm; you need not fear abscesses. If there are indications for cactus, add two or three drops of Spec. Med. Cactus to your Echinacea, and the result will be most beneficial. It is my practice, at the present time, to combine the Spec. Med. Cactus with my Spec. Med. Echinacea when giving the latter hypodermically. This I do on general principles, but I would advise the beginner not to do this, but to prove to himself that it is the Echinacea which removes the sepsis, as, in my rather limited reading, I have never seen that cactus was an antiseptic.

In diphtheria, Echinacea, next to hypodermic lobelia, is one of our most valuable remedies. I used it until I had to resort to lobelia in one case, and happily learned the indications for the lobelia, which are present in about eighty per cent of the cases.

But aside from the use in typhoid fever and diphtheria it is often used in pneumonia and peritonitis. For the sake of mock modesty, or to save the criticism of jealous competitors, I will never let a patient die. If you gain the confidence of your patient, he or she will be willing to allow you to do what you think is best for their interest.

In boils or carbuncles the hypodermic use of this drug will cause granulation to form, after the cavity is evacuated, more promptly than anything I ever used. You will have to be guided in the frequency and the number of times it is used by each particular case, but usually four or five injections, about twenty-four hours apart, will do the work. Of course, sometimes you will be obliged to use it every twelve hours for a few times. I use it in about ten-drop doses in four places around the edges of the cavity. Some may complain of the expense of this treatment, but to the man who dispenses or writes and really desires to cure his patient this matter is of small moment.

In varicose ulcers hypodermic Echinacea is of great value. I have cured quite a few cases which had resisted all other means. By the hypodermic use of Spec. Med. Echinacea, injected once a day for a period of two or three weeks, in ten to fifteen drop doses, you will be able to cure a great many cases of this nature which are called incurable.

In insect bites you have in this drug the best agent that there is in the materia medica. In mosquito bites and the stings

of bees one injection of five or ten drops of hypodermic Echinacea will stop the unpleasant and painful effects every time. I have never used it in snake bites, for, fortunately, there are no poisonous snakes around Bridgeport, but I would not hesitate to inject sixty drops every hour for two or three doses, then follow those up with fifteen-drop doses every hour for three hours, and then resort to the internal use of the drug in large doses.

In regard to this agent, and all others which I have written or shall write about, I do so from personal experience, and I appeal to the student of liberal medicine to demonstrate the truthfulness of my statements.

Our school has been and will continue to be a common ground that all liberal men can stand on, with a creed of pure tolerance, to the exclusion of all those who are not willing to allow to others the rights which they demand for themselves.

The true eclectic physician is the one who is ever ready and willing to adopt any method of cure that will aid him in restoring his patients to their normal condition. Its source is a matter of no importance; its effect is all convincing.

Specific Indications. Sepsis; blood dep-
ravations; sweet mawkish breath; bites
of poisonous insects and reptiles.

Euphrasia

During the winter of 1910-11 I tried Euphrasia on myself twice with the very best results when suffering from an acute attack of a cold in the head. In five other cases I have used Spec. Med. Euphrasia in fifteen-drop doses hypodermically once or twice, and have had the satisfaction of being able to abort the cold. In every case but my own, I have, at the solicitation of the patient, given the drug internally for three or four days in fifteen-drop doses, every three hours, but I know that the hypodermic would have been sufficient but for the idea of the patients that they needed some internal medication.

I have used the fragrant sumac in one case of diabetes where the drug was indicated, but the stomach could not tolerate it. I used ten drops of the specific medicine every two hours for three weeks, and had the satisfaction of curing my patient. This was four years ago, and she is alive and well at the present time.

Specific Indications. Especially indicated in all sudden colds when the same is manifested by head symptoms. Use it early.

Gelsemium

Of Gelsemium there can be very little use made by the hypodermic method. In my experience it has proven to be a very dangerous drug, as it is apt to cause collapse of the heart. I have heard of cases where it has been used in quite material doses by the hypodermic method, but to my mind the cases and the doses were purely the result of a vivid imagination. Still if you can recognize the indications for Gelsemium and not read it out of a book — most of us do not carry a book around with us — it might be found useful in small doses, say three or four drops in ten times the amount of water.

Geranium

Of Geranium I can write from experience, as I have had most excellent results from its use. In the hypodermic administration of this drug, as in the internal use of it, it should be prescribed in the passive conditions, but do not attempt to give it when there is any temperature, or at least until the temperature begins to fall. It is one of the best remedies in dysentery. I have used it quite a number of times in different cases. It will stop the hemorrhages and the profuse and watery stools. It should be given in from ten to fifteen drop doses in about thirty drops of *boiled* water, four times a day for one day, and then twice a day for two or three days. You will rarely need to give it more than two days.

I had one case that in a consultation was given up to die. I used several hypodermics of Spec. Med. Geranium, and in three days the case was discharged as cured.

In hemorrhoids of a venous nature I have made a cure in two cases. One was very bad, the tumors hung out after a stool as large as small grapes. I used echinacea to no purpose, and I tried esculus in five-

drop doses to ten of water without success, so I advised an operation, but the patient asked me to try something else. I thought of Spec. Med. Geranium, and put ten drops in thirty drops of distilled water and injected it into the four largest tumors, and repeated it once a day for one week. The case was cured, and the part that is most satisfactory is that there has been no return of the trouble after five years. I have tried it on another case lately with good results, but it is too early to tell whether it will result in a permanent cure or not. The other case was of like nature to the first case, except that there was a constant dripping of blood for hours after each stool. I tried various remedies, both local and internal, with no benefit, but finally resorted to Spec. Med. Geranium hypodermically, and after a few weeks' treatment I cured the case. There has been no return in the past five years. After the hypodermics had been given in this last case I put the patient upon the following prescription: Spec. Med. Podophyllum gttss. xv; Mother Tinct. Carduus Marinus ℥ii; Aqua ℥iv. Dose, one dram every two to three hours. Not only did it equalize the portal circulation, but it cured a case of long-standing constipation as well.

In nasal polypi I have had very good results with the Spec. Med. Geranium used by the hypodermic method. Such has been my experience in quite a number of cases, and in only one instance did the polypus return. For these cases the medicine should be used full strength. I usually employ fifteen drops. Grasp the polypus, pull it down with a pair of nasal forceps and sink the needle the full length into the body, then gradually withdraw the needle and slowly inject the contents of the syringe into the polypus. The first injection will set up quite an amount of inflammation and cause some pain; in fact in one case I had to use a hypodermic of morphia to quiet the pain, but after two or three days the inflammation will subside and the second hypodermic will not cause very great discomfort. I always warn the patients of the inflammation and consequent pain that will follow, so that they may know what to expect. I have never used above three injections of thirty drops each, and have cured four cases. In the fifth one a polypus in the right nostril did not return, but a smaller one than the first appeared in the left nostril, which I should have removed, but the patient died very suddenly, on the street of

a Western city, from a thrombus of the heart, as the autopsy showed. The method of healing in these cases was as follows: The polypi dried up, and in three of the cases it came away of its own accord; in the other cases I removed them with a pair of nasal forceps. In only one case was there any hemorrhage following the removal.

Be careful and warn your patient of the pain and inflammation that are sure to take place. A brother physician wrote to me and asked where and how often to use Geranium. I wrote and explained the entire process, the kind of medicine to use, and told him to be sure and tell the patient about the inflammation and the pain. He did not warn his patient and used a cheap fluid extract, with the result that he caused his patient a great deal of pain and suffering, did not accomplish any benefit for the patient, but made a great deal of trouble for himself. He then wrote to me, calling me a few choice names, and laying the whole blame upon my shoulders for writing such stuff, when it was every bit his own fault for not using the Spec. Med. or Mother Tincture, both of which are perfectly sterile.

Specific Indications. Dysentery, with

profuse, watery stools; hemorrhoids of a venous nature; nasal polypi.

Lobelia

So much has been written on the use of Lobelia that perhaps it will not be of much interest to the average reader to spend time to read more on the same subject, but I have had such brilliant results that I cannot help writing of my experience.


So much was claimed for this agent by the Thomsonians and the other early reformers, that upon mature deliberation and trial of it, the claims that they made as a cure-all could not be substantiated. Many men threw it to one side as a drastic poison, thereby overlooking its real and very valuable properties as a vital stimulant and as a relaxant.

My first use of Lobelia hypodermically had such an astonishing result that I at once started to study the indications for its use hypodermically. The first time I used it this way was one winter night. I was called to a case of croup, and as I had no other agent in my case I used Lobelia hypodermically, as the case required a prompt emetic. I thought it would work faster that way. I gave a larger dose than I would by the mouth, as I had found that

you can give larger doses by the hypodermic method than you can by the way of the mouth. Much to my surprise it did not act as an emetic but as a relaxant. The child was relieved as if by magic, and as long as the child remained under my observation did not have another paroxysm of croup.

Soon after this I was called to a person who had had a stroke of paralysis. Her right side was paralyzed, and she seemed to be choking to death. Remembering the remarkable result secured in the previous case I injected thirty drops of Spec. Med. Lobelia into her right arm, and in less time than it takes to read this chapter the choking sensation stopped, the mouth relaxed, a sensation of returning life appeared in the paralyzed side, and the patient could articulate so that we could clearly understand what she said. I questioned her as to what her symptoms were, and she told me her throat seemed to close up from below upwards, as if she had been struck a blow in her temporal region. That gave me a definite clue to the indication I sought for — the hypodermic use of this valuable agent.

About this time I was called to a case of diphtheria which apparently had these symptoms, as the child seemed to be choked



and the little sufferer raised her hand to her head in the temporal region and cried loudly. I at once, without the least hesitation, gave her a dose of thirty drops of Spec. Med. Lobelia in her right arm and sat down to await results. I can assure you that it was not long before I could detect an improvement. The little one breathed easier, and the distress in the temporal region was relieved so that she ceased crying from the pain. I returned at night and gave the child another hypodermic of thirty drops of the Spec. Med. Lobelia. The next morning, about five o'clock, she coughed up the membrane, which her mother saved for me on a handkerchief which she was using. I gave her one injection of fifteen drops that day, repeated it on the next, and then prescribed the following: R. Spec. Med. Echinacea ℥ss. ; Spec. Med. Phytolacca ℥ss. ; Aqua q.s. ad ℥iv. Dose, a teaspoonful every hour. In one week the child was as well as ever. I have seen brilliant results from the Spec. Med. Echinacea hypodermically, but they are slow in comparison with those obtained from the Spec. Med. Lobelia.

I at once started to use this drug in such cases, and in the next issue of one of our

medical journals I was surprised to see that Dr. E. Jentzsch of Chicago, Ill., was using it in the same way, and in about the same sized doses that I used. This convinced me more than ever that I was right in using it in the manner I had, for such an authority as Dr. Jentzsch would not recommend it in the high terms that he did had he not secured equally favorable results.

Up to this time I had used the Spec. Med. Lobelia. Lloyd Bros. of Cincinnati introduced a hypodermic Lobelia which contained seventy-one per cent absolute alcohol. Using this in three cases, I had bad results in two of them, and therefore abandoned the use of this preparation for the Spec. Med. Lobelia.. Shortly after I received a non-alcoholic preparation from Lloyd Bros., and I tried it with the most gratifying and brilliant results. I have used it ever since, and have as yet to lose my first case of diphtheria since it has been employed.

I could continue to report cases which would fill pages of this book describing cases of diphtheria which have been successfully treated, but I will refrain. It is sufficient to say that I do not believe there is a case of uncomplicated diphtheria which cannot be cured by means of the hypodermic use of

this drug. There is just one more case which I would like to report, and then I will pass on to the other uses of this remedy hypodermically.

I was called in consultation in a neighboring town with an Old School physician, whose little girl had been given up to die by one of the brightest men in his own school. She had been given antitoxin until it had produced the usual result of an overdose, that is, paralysis of the throat. It was about as bad a case as any one could find, the child was unconscious. I gave her, at once, a full syringe of non-alcoholic Lobelia. In half an hour I gave her another. In four hours she could swallow. I left the drug with her father, and he used it twice a day for three days and cured his child. But the bigotry of his school was so great, and his moral courage so weak, that he did not dare to give out the facts of the cure. He still continued to inject antitoxin into other children and lost several cases, where if he had used Lobelia he could have cured them.

In asthma where the Spec. Med. Lobelia is indicated, the hypodermic use of it will give the most gratifying results. I have cured quite a number of cases, and have cut short

many more. In fact I believe that this drug is one of the greatest blessings in this distressing condition of humanity that I have ever employed.

In obstetrical practice, where there is an indication for Lobelia by the mouth, it will act instantaneously when used hypodermically. I have been called in consultation in tedious labors, and have obtained results by this method in half an hour that drugs by the mouth had failed to obtain in days of labor and suffering to the mother.

A short time ago I was called in consultation with another physician, who had complicated the case by an unjustifiable use of ergot. The mother was exhausted and in a total state of collapse. I used a syringe-ful of non-alcoholic Lobelia and injected it into the right thigh. It seemed to act as a vital stimulant, and in a very short time the parts became moist, the os dilated, and the child, which weighed twelve pounds, was born and there was very little hemorrhage. The mother said in an instant after I injected that stuff, as she called it, she began to feel her strength return. I think in all cases of tedious labor it is justifiable to use it, as I believe that nothing but beneficial results will follow.

I had one case with a midwife, where there was a piece of the placenta retained which caused profuse hemorrhages. She became frightened and sent for me. I gave in two hours four hypodermics of Spec. Med. Lobelia, thirty drops to each dose; the placenta was expelled and the hemorrhage ceased. Some of our leading men should re-study this drug from this standpoint and give the profession their unprejudiced opinion of the drug.

In tonsillitis the hypodermic use of Spec. Med. Lobelia will give very gratifying results when it is indicated. In fact whenever you get the indications for this drug do not be timid about the hypodermic method of administration.

If you do not have the non-alcoholic hypodermic Lobelia use the Spec. Med.; if you have neither do not use a fluid extract or a tincture, for if you do you will get nothing but abscesses and failure. In your own mind, if you do not do so with your mouth, you will condemn the drug in the strongest terms, when the fault will lie with you for using an unreliable preparation of this old but ever-new drug.

Specific Indications. The indications which I follow most are, a sensation in the

esophagus of closing or choking from below upwards, a sense of constriction and suffocation in the large bronchial tubes, also a feeling of distress and soreness of the temporal region, and the well-known feeling of oppression in the precardiac region.

Lycopus

In Spec. Med. Lycopus we have the most valuable anti-hemorrhagic that the materia medica of our, or any other, school of medicine contains. I do not care from what cause the hemorrhage arises, it will stop it if it can be stopped, and it makes no difference whether it be active or passive.

My first experience with Lycopus was in a case of hemoptysis. I had used adrenalin solution and other means. I gave small doses of Lycopus by mouth, but it did not control it but for a short time. Finally I took my hypodermic syringe, put in fifteen drops of Spec. Med. Lycopus and injected it into the arm. It caused temporary burning and pain, but it stopped the hemorrhage instantly, and the patient never had another attack, although she died from phthisis afterwards. Now this is not my only case. I have had fifteen in which I have used it with the same success, so I depend upon Spec. Med. Lycopus hypodermically every time in such cases.

In hematuria, whether active or passive, it will act favorably. I have been called to patients who had been pronounced past

help, but a few doses of Spec. Med. Lycopus, used hypodermically, would stop the hemorrhage almost immediately.

A short time ago I was called to a case of hematuria that was caused by a renal calculus. I administered one hypodermic injection of thirty drops of Spec. Med. Lycopus and the hematuria ceased. In this case adrenalin and other solutions had been used, but they only gave temporary relief, while that caused by the hypodermic was permanent. The patient was afterwards operated upon, and a large renal calculus, very ragged, was taken from his right kidney.

A case of dysmenorrhea had been under my care for some time, and would not yield to any of the treatments which I had tried, although I had used all the remedies of our materia medica and some from those of other schools. Finally, almost in despair, I gave her thirty drops of Spec. Med. Lycopus hypodermically, which, to my surprise, gave her relief. This treatment was given each month at the commencement of the menses, for three months, with the result that the patient has had no trouble since. It was a chronic case of long standing.

In menorrhagia of long standing it will cure many cases. I have tried it with six

patients, and it cured every one in from two to eight months. I use thirty drops of the Spec. Med. Lycopus hypodermically, sometimes every three hours, and sometimes the single dose is sufficient for that month.

In uterine hemorrhage there is no remedy so certain or reliable as the Spec. Med. Lycopus. I have stopped hemorrhages that arise from the last stages of cancer with the Spec. Med. Lycopus.

One case in particular had been given up to die by another physician. I was called and immediately injected thirty drops of Spec. Med. Lycopus hypodermically. This was followed with four other doses of fifteen drops each every fifteen minutes. The hemorrhage ceased and never returned. The patient lived for four months and had no more trouble from hemorrhages.

In epistaxis we have no drug that is the equal of Spec. Med. Lycopus. I have controlled it time and time again with this remedy. There is one case in particular that I wish to call to your attention.

An old and prominent physician of my own city — Dr. M. — was taken with a severe case of epistaxis. He called me after trying several hours to stop it himself. I

was out of town and another physician was called in my place, who advised plugging the nose with a weak solution of hamamelis, and he gave him one drop of hamamelis every half hour, which, of course, did not do the slightest good. Then they telephoned to my office to see if I had returned. On being told that I was not expected until late in the afternoon they called in a specialist. Returning about three o'clock, and being told of the circumstances, I immediately went to the house and found the old doctor in a very weak state. The plug that the specialist had used was not large enough, so that the blood would drop and sometimes trickle from the artery. When I learned that they had called the specialist, I at once summoned him to the house, and after consultation we decided to introduce a plug into the posterior nares. At last we obtained the old doctor's consent. It stopped the hemorrhage for about six hours. The specialist had used as strong a solution of adrenalin chloride as he dared, and it, as usual, failed in such cases. The next morning I called about 7.30 and found the good old man in despair. He had started to bleed from the other nostril, and had given up all hopes of recovery. I said to

him, "Now, doctor, who shall take the case, the specialist, who says that he has done all that can be done, or I?" He said, "I want Dr. Webb to take it." I at once removed the plug that caused a deal of pain and discomfort, and which did not exert pressure enough to stop the hemorrhage. I told him that I should hurt him some. I filled my hypodermic syringe with Spec. Med. Lycopus and injected it into his arm. In about five minutes the hemorrhage began to grow less. I repeated the injection in fifteen minutes; this time I used thirty drops, and the hemorrhage ceased. I injected another dose of thirty drops at night, and one of the same size the following morning. He had lost at least three quarts of blood in all. It was the most severe case of epistaxis that I ever saw in a person that recovered. It was caused by a rupture of a hardened artery. The old man got out again and practised medicine for about two months. He contracted a heavy cold, which developed into pneumonia, and in his weak state he could not stand the strain and died from edema of the lungs. I have had several cases of this kind since, but none so severe as this. I had one in an old woman from arterio sclerosis, but I took it at the

start and checked it after she had lost about four ounces of blood.

The hemorrhage caused by polypi can also be stopped with Spec. Med. Lycopus used hypodermically quicker than by any other method.

When you are called to a case of hemorrhage from any cause do not neglect the use of Spec. Med. Lycopus hypodermically. It will smart and burn some, but it will control the hemorrhage every time.

Specific Indications. Hemorrhage with frequent feeble pulse with rapid, irregular, and labored action of the heart and a blanched skin, with cold extremities. Passive congestion of the capillaries. A tendency to raising blood from the lungs or the passing of it through the kidneys. In all menstrual derangements where there is a profuse flow.



Passaflora

In cases of active attacks from cerebral excitement which causes exhaustion, worry, and unrest, nervous convulsions, asthenic insomnia of the aged or youth, tetanus, epileptiform convulsions, spinal irritation of women in childbirth, asthma due to epilepsy, the use of the Spec. Med. Passaflora hypodermically is most beneficial.

Occasionally you are called to a young married woman between the ages of sixteen and twenty, whose husbands are from thirty-five to fifty, where the first intercourse causes nervous convulsions from cerebral excitement, due to the difference in their ages.

January 5, 1909, I was summoned about twelve o'clock to a young woman recently married. When I arrived I found her in a nervous convulsion. Upon inquiry into the history of the case I was told that it was due to nervous excitement caused by intercourse. At the time of the first intercourse she fainted, after which each intercourse caused nervous chills, which lasted from six to ten hours. This condition finally led to the convulsion to which I was called.

Upon going deeper into the case I found that it was the difference in their ages, the young woman being nineteen, the man forty-eight. On the part of the woman the act was completed very quickly, the orgasm occurring from three to five times. I tried Spec. Med. Passaflora in half dram doses in hot water every fifteen minutes for four doses. At the expiration of the hour the convulsions returned. I then put thirty drops of the Spec. Med. Passaflora into my hypodermic syringe and injected it into her right shoulder, which caused considerable burning. In a few minutes the convulsion ceased. I waited a half hour and gave another injection of the same size. After an hour, there being no return of the convulsions, I directed that the patient should take the Spec. Med. Passaflora in thirty-drop doses in hot water four times a day. I also ordered that all intercourse should be suspended for a week, and in future that this act should not be performed but once a week. At the expiration of a month the medicine was discontinued. The woman fully recovered and has since become the mother of two healthy children.

Several years ago I was called one night to an aged woman who had had a quarrel

with one of her neighbors, who had threatened to have her arrested. This produced nervous unrest and worry. The patient being subject to insomnia, this worry brought on an acute attack of asthenic insomnia. This patient had been under my care previously for several months, being treated for insomnia. She had taken a teaspoonful of Spec. Med. Passaflores in hot water each night before retiring for six weeks. This had benefited her to a great extent. The night I was called she had taken two teaspoonfuls without any apparent result. I gave her at once thirty drops Spec. Med. Passaflora hypodermically in the right shoulder, which caused considerable burning and pain. In a few minutes this passed away. In a half hour I repeated the dose, which quieted her nerves and she went to sleep. For three successive nights I gave her a hypodermic of thirty drops of the Spec. Med. Passaflora; after which I directed her to take thirty drops of the remedy in hot water at night. At the expiration of a month I ordered her to take the same sized dose every other night. At the end of the second month the medicine was discontinued and she lived for four years without any return of the insomnia.

I was called in consultation with a midwife to an obstetrical case. This patient was about thirty years of age, the mother of five children. She was suffering intensely from spinal irritation. At times she would scream from the intense burning in her spine. Upon examination of the spine I could discover no curvature or malformation. The history of the case showed that about an hour after the birth of each child these attacks would manifest themselves. I at once injected thirty drops of the Spec. Med. Passaflora in her right shoulder. The irritation in the spine was so great that she did not notice the burning produced by the drug. In a very few minutes the irritation ceased and did not return. I prescribed Spec. Med. Passaflora ℥ss. , Aqua ℥iv. , and directed the patient to take a teaspoonful every three hours, which proved curative. She has since had a child without any spinal irritation.

In tetanus accompanied by insomnia and nervous chills, Spec. Med. Passaflora is of great value.

I was called in consultation to a case of tetanus, which had been treated by the anti-tetanic serum. While this treatment seemed to have prevented a fatal

termination, yet there was a persistency of the nervous chills and insomnia. The physician in attendance had given morphia hypodermically, which aggravated the nervous condition. The family requested that I be called in consultation. The patient was greatly exhausted from lack of rest. I gave the patient thirty drops Spec. Med. Passaflora hypodermically. The chill ceased and inside of an hour the patient was asleep. I think if Spec. Med. Passaflora was administered in fifteen-drop doses in hot water every fifteen minutes in cases of tetanus we would not be obliged to resort to its hypodermic use.

In the asthma due to epilepsy, caused by masturbation, Spec. Med. Passaflora is a specific.

I have treated several such cases with success. One particular case, a young man about twenty-eight years of age, from an epileptic family, contracted the habit of masturbation when he was about fourteen years old. At sixteen he developed epilepsy. The epileptic attacks would come on about once in six months, at first. At the age of twenty he contracted a heavy cold and asthma developed. He had very frequent attacks after this time. One stormy night

I was called and found the patient suffering from a paroxysm of asthma. I at once administered a hypodermic of thirty drops of Spec. Med. Passaflora, which relieved him immediately. In half an hour the same sized dose was repeated hypodermically. The paroxysms ceased. I treated the patient afterwards by persuasion, appealing to his manhood, and he was cured of the habit. The epilepsy stopped and he is now a healthy man.

Specific Indications. Irritation of the brain and nervous system. Insomnia. In fact, wherever a harmless soporific is demanded. Should not be used as an anesthetic for pain.

Polytrichum

Urinary obstruction from colds, phosphatic gravel, or uric acid may be treated with the hypodermic method by the Spec. Med. Polytrichum.

This drug is rather limited in its sphere of usefulness, but is of great value when indicated.

A woman who had been treated by several other physicians for a urinary obstruction due to a sudden cold came to my office one day. I prescribed Spec. Med. Polytrichum in fifteen-drop doses every three hours, which relieved her for the time being. I directed her to wear rubbers whenever there was any dampness in the atmosphere. She did not have another attack for over a year. One cold, rainy day, wishing something from the grocery store, she ran across the street, contracted a cold, which brought on urinary obstruction. I filled my hypodermic syringe with Spec. Med. Polytrichum and injected it into her hip, which in a short time produced a copious flow of limpid urine. I then put the patient upon Spec. Med. Polytrichum, fifteen-drop doses four times a day for one month. The case

was discharged at the end of that period and has had no trouble of that nature since. This last attack was over three years ago.

An old man came to my office who had suffered a great many years from attacks of gravel. I examined the urine and found it loaded with phosphates. I put him upon Spec. Med. Polytrichum, thirty-drop doses four times a day. He had no attacks for over six months. At that time he went to a christening and drank considerable whiskey. I was called to see him, and when I arrived found him in dreadful agony. I immediately injected a syringeful of Spec. Med. Polytrichum into his hip, which relieved him almost instantly. I then prescribed Spec. Med. Polytrichum, one dram in warm water four times a day. The next day he began to pass gravel and passed in all about three drams, one being as large as a pea. He was kept for six months on the Spec. Med. Polytrichum, fifteen drops three times a day in water, and at the expiration of this period he was discharged as cured. This was nearly three years ago and there has been no return of the trouble since.

I have treated several cases of urinary obstruction due to uric acid. One particular case came under my care from the hands

of an allopath. A woman at the menopause, who had urinary obstruction due to uric acid, and treated with several proprietary drugs, was in my office when the attack appeared. I gave her, at once, my hypodermic syringe full of Spec. Med. Polytichum in her hip. In a short time she passed a large amount of dark red urine, which was followed by normal urine. Upon examining the urine with the microscope I found it to be loaded with uric acid crystals. I prescribed for her the Spec. Med. Polytichum, in fifteen-drop doses four times a day for three months, when I discharged the case as cured.

Specific Indications. Urinary obstruction. Urinary suppression. Phosphatic gravel. Uric acid. Colds or fright.

Pulsatilla

We all know the ordinary use of Pulsatilla, but of its administration hypodermically we are not so well acquainted. I have used this drug by this method in a large number of cases and have found it very effective.

In females of light complexion, with a tendency to weep and look on the dark side of life, fear of impending danger, something dreadful is going to happen, nervous dizziness, constant hinting at suicide, suppression of the menses from nervous fright, the use of Spec. Med. Pulsatilla hypodermically is an absolute specific.

In earache in colds, nervous palpitation of the heart, this drug can also be used with absolute confidence.

In males, chordee, orchitis, scanty urine loaded with bloody mucus may be cured by the use of Spec. Med. Pulsatilla hypodermically.

Women suffering from leucorrhea, with acrid, burning, greenish, milky discharge, and cramps in the ovaries, due to nervous
* fear, should be treated by the Spec. Med. Pulsatilla hypodermically.

A young woman, thirty years old, had been treated by a nerve specialist with bromides and other drugs. I was called to the case and found her weeping, moaning, tired of life, and was going to commit suicide. I saw that something must be done at once. I filled my hypodermic syringe with Spec. Med. Pulsatilla and injected it into her right arm. In a very few minutes she became calm and ceased weeping. In half an hour I gave her another injection of ten drops. She said she felt as if a band had given way which had been bound tightly around her head for months. She was placed upon Spec. Med. Pulsatilla \mathfrak{z} i, Aqua \mathfrak{z} iv, of which she took a teaspoonful every three hours. This was continued for two months, at the expiration of which time she was discharged cured. This was in April, 1908, and there has been no return of the difficulty.

One night a man came to my office in despair. He said that his wife and sister were constantly in fear of danger of the house being burnt by burglars. They knew that something dreadful was going to happen, and had worked themselves into a nervous frenzy. He asked me if I would come to the house and see if I could do anything for

them. As I was very busy I prescribed Spec. Med. Pulsatilla $\mathfrak{z}\text{i}$, Aqua $\mathfrak{z}\text{iv}$, teaspoonful every half hour. At midnight he called me up and told me that his wife was screaming. I went to the house and gave her a half dram of Spec. Med. Pulsatilla hypodermically in her left arm. In a few minutes the palpitation of her heart and her fears ceased. Then I turned my attention to the sister, who had worked herself into such a nervous state that she was perspiring copiously. Every time she attempted to arise she would be attacked with dizziness. I gave her thrity drops hypodermically in her arm. In a very few minutes the dizziness ceased and she became quiet. They were both put on Spec. Med. Pulsatilla, $\mathfrak{z}\text{i}$, Aqua $\mathfrak{z}\text{iv}$, teaspoonful every three hours. In a month they were discharged cured. They have moved away from town and I have lost sight of them.

Several cases of females suffering from suppression of the menses, caused by nervous fright, have come to me for treatment. One case in particular, a frail, hard-working woman, passing along the street witnessed a fight between two Italians. She was menstruating at the time. She said that the minute one Italian drew his knife to

stab the other one her menses ceased. I was called and found her in dreadful agony. They had applied hot plates and given her hot drinks without effect. I gave her fifteen drops of Spec. Med. Pulsatilla hypodermically in the hip. In a very few minutes the flow was restored. Upon inquiry I found that she had had previously several attacks of suppression of the menses from fright, but none of them had been so violent as this last one. I prescribed Spec. Med. Pulsatilla \mathfrak{z} ss., Aqua \mathfrak{z} iv, teaspoonful four times a day. I directed her to get the prescription refilled and take it four days before the expected menstrual period, which she did for four months. She was completely cured. This occurred several years ago, and she has been perfectly normal ever since.

A lady brought her daughter to my office suffering from nervous palpitation of the heart. I questioned the girl, but could get no history. I suspected she was a victim of self-abuse. While we were talking the girl was seized with a paroxysm of palpitation. It seemed as if she would die. I had very little Pulsatilla in the house. I gave her a hypodermic injection of Spec. Med. Pulsatilla, ten drops, in her right arm. I then asked her mother to go to the drug

store and get me an ounce of Spec. Med. Pulsatilla. I adopted this ruse to try and get some definite history from the girl. I finally got her to own up that she was a victim of masturbation. When she was a child, ten years of age, an old woman of seventy-four, who had a grudge against her grandmother, had taught her this habit, which she had continued three or four times a day ever since. I told her the result would be insanity or death from heart failure if she did not cease the practice. The mother returning with the Pulsatilla, I gave her a half ounce. As they lived ten miles in the country I instructed her to put 3ss. in a glass half full of water and give the girl a teaspoonful every two hours. I directed her to take the medicine all up and return at the expiration of four weeks. She came to my office at the specified time. The change was so great that I hardly knew her. The humiliation and shame were so keen that she ceased to practice, and was completely cured of the palpitation. This was in the fall of 1902. She has since married and become the mother of three healthy children.

I have had several cases since of this nature which I have treated along the same

lines as the one just described with like results.

September 11, 1911, I was called to a case where I found a girl writhing and screaming. I inquired of her mother as to the cause, and was told that she had leucorrhea. The girl was almost exhausted from the burning of the acrid discharge. I examined the napkin and found it to be covered with a discharge of greenish-yellow, milky consistency. I realized that something must be done very quickly or she would have convulsions. I gave her ten drops Spec. Med. Pulsatilla hypodermically in her right hip. In fifteen minutes I gave her five drops more by the same method, with the result that the burning ceased.

I wrote a prescription for Spec. Med. Pulsatilla $\mathfrak{z}\text{i}$, Aqua $\mathfrak{z}\text{iv}$, teaspoonful every three hours. She was kept on this for one month and there has been no trouble since.


She told me that she wanted to go to a party with a married woman, who told her to use a douche of ice water, which stopped the flow for twenty-four hours. The flow returned and lasted three days. After it ceased this acrid burning leucorrhea began and had continued from that time until it was cured, a period of about five months.

In severe cramps of the ovaries there is nothing so certain as the hypodermic use of the Spec. Med. Pulsatilla, where the cause is due to fright or cold. Five drops, hypodermically, in the thigh every fifteen minutes for three or four doses will relieve the cramps.

I have had several cases in which I followed the above method, and after the patient was relieved I ordered them to take one or two drops of the Spec. Med. Pulsatilla in a little warm water every hour or two for a few days. In every instance it has proved curative.

In children of very high strung, nervous temperament, who every time they get a cold have an earache, about three drops of Spec. Med. Pulsatilla in a little water, administered hypodermically in the right shoulder for one or two doses, a half hour apart, has proven curative.

One cold February night several years ago I was called to a case of a child who was in great agony. The father told me that every time the child caught cold he was subject to very severe earache in his right ear. I gave the child at once three drops of Spec. Med. Pulsatilla in a little hot water hypodermically, which relieved him of the



pain. I then took a little in a spoon and heated it and dropped a few drops in his ear. The pains ceased and the child went to sleep. I told the parents when the boy contracted another cold to get the following prescription filled and use it: Spec. Med. Pulsatilla gtts. xx, Aqua ℥iv, teaspoonful every four hours, and to heat a drop or two and put it in his ear when he went to bed at night. They did as directed and the child was cured, and there has been no return of the trouble since.

Several cases of chordee have been treated by the hypodermic administration of Spec. Med. Pulsatilla with brilliant results. I have the patient come to my office every night when I inject five drops of Spec. Med. Pulsatilla in a little warm water into the penis. This seems to control the vascular excitement and prevents an erection. In a very few days the trouble is eradicated.

Orchitis caused by an injury or suppression of a gonorrheal discharge by cold, or irritating injections, can be cured by the hypodermic method. Inject five drops Spec. Med. Pulsatilla in a little *warm* water into the scrotum every three hours during the day for two days. Then apply libradol externally. Put the patient on Spec. Med.

Pulsatilla \mathfrak{Z} i, Aqua \mathfrak{Z} iv, teaspoonful every two hours. This treatment will cure your case in a very few days.

A patient came to my office suffering from gonorrhea. He had been the rounds, as usual in those cases. I prescribed for him. The next day his father called me to the house. I found him suffering great agony from pain in his loins. His urine was very scant and loaded with bloody mucus. At first I thought I had a case of hematuria, but, upon questioning him, I found it was due to the negligence of a physician who had formerly treated him, who had not told him how to properly use the injection. It had penetrated the bladder and produced gonorrheal cystitis. The agony was so great that I gave him a hypodermic injection of Spec. Med. Pulsatilla, five drops in a little warm water, in his thigh. I repeated the dose in half an hour and then placed him upon a prescription of Spec. Med. Borosma \mathfrak{Z} ss., Potassium Acetate \mathfrak{Z} iii, Elixir Saw Palmetto q.s. ad \mathfrak{Z} iv. Dose, teaspoonful every two hours. This was continued for two weeks. I treated him for the gonorrhea, cured him, and he was content from this little lesson to quit the game.

Specific Indications. Nervousness, sad-

ness, disposition to look on the dark side. Patients of a melancholy disposition. All venereal troubles. A prompt remedy to restore normal menstrual functions.

Scutellaria

In those cases of sudden muscular tremors and fright, due to influences of the cerebro-spinal nerves, there is nothing like the Spec. Med. Scutellaria used hypodermically.

Where there is gas in the bowels, biliary salts increased so as to cause colicky pains in the abdomen producing restless sleep, Spec. Med. Scutellaria is a specific.

In dark-complexioned people Spec. Med. Scutellaria is of as great importance as the pulsatilla is in those of a light complexion, and I believe the failures of Scutellaria are due to its being used with people of a light complexion.

May 10, 1907, I was called to a young man, very thin, with a swarthy complexion, who had passed a lumbricoid worm that afternoon. This fact frightened him so much that it produced muscular tremors. You could see the muscles tremble under the skin. I gave him Spec. Med. Scutellaria in ten-drop doses and left, supposing the medicine would accomplish its work. I was called shortly before midnight; they told me the patient was worse than ever. I went to the house and found a most pitiable

sight. The poor wretch was begging for something to put him out of the way. The tremors were so pronounced that his muscles were plainly outlined. One moment he was afraid to die and the next he begged to be put out of the way. He pleaded with me to give him morphine. I told him I did not dare to give it to him in his condition. The indications were so pronounced for the *Scutellaria* that I decided to give him at least one dose hypodermically. I put ten drops into my hypodermic syringe and injected it into his arm. In about fifteen minutes the tremors began to abate. In a half hour the same dose was repeated. I then wrote a prescription for Spec. Med. *Scutellaria* ℥ss., Aqua q.s. ad ℥iv. Dose, teaspoonful every three hours. He came to my office about a week afterwards and told me that he had been subject to the muscular tremors ever since he was a little child. After giving him a thorough examination I decided that the tremors were due to lumbricoid worms. After treating him for the worms, which were passed in great number, the tremors ceased. He also passed the most perfect ray-fungus that I ever saw, proving that I had had one of those very infrequent cases of actinomycosis.

Gas in the bowels, caused by adeno-hypersthenia gastrica, will yield to Spec. Med. Scutellaria quicker than any other drug in the materia medica. About two years ago I was called to a woman, forty-five years old, who was suffering from this complaint. Her abdomen was greatly distended with gas, and she could hardly articulate from the pressure upon the diaphragm. I gave her a hypodermic injection of fifteen drops Spec. Med. Scutellaria in her thigh. In a few moments gas began to escape both ways. She had been subject to this trouble for several years, and had been treated for dropsy. I put her upon Spec. Med. Scutellaria, ten drops in warm water, every three hours, and in six weeks discharged her as cured. I saw her a short time ago and she told me there had been no trouble since.

Sometimes you will have patients complain of colicky pains in the abdomen, which come on at night, with a bitter taste in the mouth causing restless sleep. When such symptoms present themselves you can make up your mind that they are due to hypersecretion of biliary salts.

I had a case come to me which had been treated by a prominent homeopath. He had treated her with colocynth, which

seemed to be indicated. After six months' treatment the colic seemed to increase rather than decrease. He told me that he had decided that she had gall-stones, and that it would be necessary for her to have an operation performed. She was told by a friend of hers that I had treated a number of cases of gall-stones successfully. She came to me and I gave her a thorough examination, but could find no symptoms of gall-stones. As I had not seen her during an attack I could not determine the real cause. I told her when she had her next attack to call me and I would respond at once. The third night after she had been at my office she was seized with an attack of colic, between twelve and one. I was called and responded at once and found that the attack was caused by hypersecretion of biliary salts. I gave her a hypodermic injection of Spec. Med. Scutellaria, fifteen drops, in the thigh. It acted like magic. In a very few minutes it relieved the pain and inside of an hour she was enjoying restful slumber. I wrote a prescription for Spec. Med. Scutellaria \mathfrak{z} ss., Spec. Med. Podophyllum, gtts. xx, Aqua q.s. ad \mathfrak{z} iv. Dose, teaspoonful every three hours. She had a rapid re-

covery and there has been no trouble since.

I have treated several cases, which presented the same indications, where I used the treatment above described with equally good results.

Specific Indications. Nervous irritation caused by a reflex from the cerebro-spinal centers. Functional heart disorders due wholly to nervous causes with intermittent pulse and palpitation.

Serpentaria

This drug is one of our old neglected drugs. Volumes might be written about it. In Spec. Med. Serpentina we have a stimulant to the skin and circulation which promotes diaphoresis upon the patient and restrains it when abnormal. It should be used for conditions of torpidity, and is contraindicated in acute inflammation, except at the outset. In the eruptive fevers it is one of our best agents to bring out the eruptions, and is especially valuable in retrocessions occurring in scarlet fever, measles, or smallpox. It quickly restores the arrested secretions from cold. Periodic fevers, amenorrhea, sore throat caused by colds, and indigestion have been benefited by its administration. It is a useful agent in the convalescent stages of fever.

About five years ago I was called one night to a patient, who had been shoveling snow from the sidewalk. Not being used to violent exercise of any nature it caused profuse perspiration. He came into the house and immediately took a cold-water plunge, which arrested the secretions and brought on a high fever. When I arrived

at the house he had a temperature of 104 degrees. I gave him, at once, ten drops of Spec. Med. Serpentina in a little warm water and left two drams with his mother and told her to give him five drops every hour until he began to perspire. I left the house expecting that I would have as good results from the Serpentina as I had had in other cases. The next morning his father called me and told me that he was no better and, in fact, he thought he was a little worse. On going to the house I found the characteristic indications, high fever, dry, hot skin, scanty urine, tightness of the chest, with labored breathing. Supposing he had pneumonia I made an examination and found that the lungs were not involved. It was then that I learned that he had taken the cold plunge the night before. While all the indications pointed to the Spec. Med. Serpentina, the drug had been administered for ten hours with no apparent results. I decided to use it hypodermically and put fifteen drops in my syringe and injected it into the right shoulder. It caused an intense burning and smarting for a few minutes. Inside of fifteen minutes a profuse perspiration broke out all over his body. The tension in his chest gave way and he

passed a large quantity of urine which contained the principal phosphates. In an hour's time the temperature was normal, and the patient returned to his work the next day. A friend of his had told him that perspiration was unhealthy. Being afraid of contracting a disease if he perspired, he took this method of its prevention.

Shortly afterwards I was called in consultation with another doctor. It was a case of typhoid fever at the outset. The temperature was high, 103 degrees, the skin was dry and hot, more like parchment than human flesh. I inquired regarding the urine, and the doctor said he did not know. The mother of the young man told me that her son had complained for some time that his kidneys were not working right. I suggested the use of Spec. Med. *Serpentaria* hypodermically. I placed fifteen drops in my hypodermic syringe and injected it into his right shoulder blade. The other doctor informed the father that it would do absolutely no good. In twenty minutes there was a slight softening of the skin. In half an hour the hypodermic dose was repeated. In a few minutes he broke out in a profuse perspiration. I suggested to the doctor that he use a prescription composed of Spec.

Med. Echinacea \mathfrak{Z} ss., Spec. Med. Veratrum \mathfrak{Z} ss., Spec. Med. Serpentina \mathfrak{Z} ii, Aqua q.s. ad \mathfrak{Z} iv. Dose, teaspoonful every hour. I also suggested Spec. Med. Passiflora in \mathfrak{Z} ss. doses every two hours. The patient made a rapid recovery and the physician who attended him became a convert to specific medication, especially in its hypodermic form.

In my own practice I have had several cases of measles where the eruptions were tardy in appearance. In such cases I give from ten to fifteen drops of Spec. Med. Serpentina hypodermically to bring out the eruption. I then prescribe \mathfrak{Z} ss. of the same drug in four ounces of water, and give a teaspoonful every hour. This is the only medication usually employed in these cases, and always with good results.

There is one more severe case of measles which I wish to mention. A child had been doctored by its grandmother. The child was delirious with very dark eruptions on the chest. Upon inquiry I found that the eruptions had retrocessed three times. I at once gave her Spec. Med. Serpentina, ten drops hypodermically in the right arm. Before I left the house the child was in profuse perspiration. As there were baptisia

indications, I wrote a prescription for Spec. Med. Baptisia, gtts. xv, Spec. Med. Serpentina, ℥ss., Aqua ℥iv. Dose, teaspoonful every hour. The next day when I called I found the patient covered with eruptions of a dusky character. I continued the medicine and the child recovered. I am absolutely certain that had I not used the Serpentina hypodermically the child would have died.

In February, 1910, I was called to a case of scarlet fever. The child was playing around on the floor the day before. The mother noticed a few eruptions on the face, to which she paid no attention. Examination of the child's tongue showed the characteristic indications of scarlet fever. The right side of the throat had begun to ulcerate. The eyes indicated that the convulsion stage was near. The skin was dry and hot, and the temperature 105 degrees. I gave the patient a hypodermic injection of Spec. Med. Serpentina, fifteen drops, in her right arm. This dose was repeated in a half hour. The child began to perspire. I returned in the afternoon and found that the temperature had fallen to 100 degrees. As the indications were present for aconite and belladonna, I wrote a prescription for

the mother tincture Aconite 3x, gtts. x, Spec. Med. Belladonna gtts. v, Aqua q.s. ad \mathfrak{z} iv. Dose, teaspoonful every half hour. The child made a fine recovery. I am convinced that it was the *Serpentaria* that saved the child, for three years previous I had lost a case which was similar. The indications were for belladonna, and I used the drug, five drops in four ounces of water, a teaspoonful every half hour, wrapped the child in hot blankets and gave her warm drinks with no effect. She finally had a convulsion and died. I firmly believe that had I used *Serpentaria* in that case the child's life could have been saved.

In diphtheria where there are marked *Serpentaria* indications I know of no drug that will act so quickly and certainly as Spec. Med. *Serpentaria* if used hypodermically.

About four years ago I was called to a case, a boy eight years of age, which presented all the *Serpentaria* indications. The temperature was 104 degrees, both tonsils were involved, and the boy could swallow but a few drops at a time. I wrapped the boy in a blanket wrung out of hot mustard water, placed him in bed and surrounded him with hot flatirons. Meantime the

nurse had arrived. In the afternoon, when I called, I saw that I had a case of diphtheria. The child had not perspired. At the suggestion of the nurse I gave the child a hypodermic of Spec. Med. *Serpentaria*, fifteen drops, in the right shoulder. In half an hour the child was perspiring profusely. I then began the administration of Spec. Med. *Lobelia* hypodermically in half-dram doses every half hour until I had given eight doses. He was then given lachesis 6x, half a dram in four ounces of water, giving a teaspoonful every hour. The next day the temperature had dropped to 99.6 degrees. This treatment was continued for five days. The child made a good recovery, and there were no bad after effects. Since then I have used it in one other case of this disease where there was *Serpentaria* indications. I am certain if the cases of diphtheria were closely watched, we would find that a great many of the fatal cases of diphtheria had *Serpentaria* indications.

Specific Indications. Dry skin, sense of weight and dragging in the loins. The scanty secretion of urine. Urine containing the triple phosphates. Malignant sore throat, attended with destruction of the tissues. Fullness of the chest with difficult

breathing. Colliquative sweating is relieved by it.

Solanum

Epilepsy occurring at the menstrual period, hysterical paroxysms at the menopause. Puerperal convulsions in patients of an epileptic tendency and in young men who develop epilepsy at the age of puberty, can be successfully treated by the use of the Spec. Med. Solanum.

In this drug we have a certain remedy for epilepsy occurring at the menstrual period that there is in the materia medica.

I was called three years ago to a case of ten years standing of a young woman who had suffered from attacks of epilepsy at each menstrual period, this attack being the most violent she had ever had. I injected thirty drops Spec. Med. Solanum into her right arm. In half an hour I injected fifteen drops more. There was no return of the convulsion. I then wrote a prescription for Spec. Med. Solanum $\mathfrak{z}\text{ii}$, Aqua $\mathfrak{z}\text{iv}$. Dose, teaspoonful every three hours. At the next menstrual period she had another attack, but not so severe as the previous one. I was called and gave her a hypodermic injection of Spec. Med. Solanum, fifteen drops. She recovered quickly and

had no further trouble at that time. I directed the prescription continued. The next period there were no convulsions. The period following there was a slight convulsion caused by excitement. At the following period there were no convulsions, which gave us great hopes that she had been cured. Her mother went away, and while she was away the girl neglected to take her medicine. At the next period I was out of the city. The girl was so nervous, knowing that I was away, that she had seventeen convulsions before I arrived. I gave her an injection of thirty drops Spec. Med. Solanum in the right arm. The convulsions ceased, and I then gave her a lecture and directed her to continue her medicine as ordered. Upon thinking the matter over I concluded to forestall the danger of the convulsion by giving her a hypodermic injection of fifteen drops of Spec. Med. Solanum as soon as the flow appeared. This was repeated for six periods. She was ordered to continue the medicine for six months longer. She had no convulsions in that time. At the expiration of the six months she discontinued her medicine and has had no convulsions since.

I was called to a patient in a neighboring

town, a lady about forty-eight years of age, who was going through with the menopause. At some periods the menstrual discharge would be normal, at others it would be scanty or absent. In those periods where the discharge was scant or absent, she would be seized with hysterical paroxysms which would last for hours. She had been treated by physicians who had given her several proprietary medicines containing bromide. I ordered her to discontinue the medicines she was taking, and wrote a prescription for. $\mathfrak{z}\text{ii}$ of Spec. Med. Solanum, grs. iv Lloyd's Asepsin, Aqua q.s. ad $\mathfrak{z}\text{iv}$. Dose, teaspoonful every three hours. My reasons for using the asepsin in this mixture was the extremely hot weather, and I was afraid that the water would decompose. She continued this medicine for about three months. Having had no hysterical paroxysms, she discontinued the medicine. For five months there was no trouble. At that time she had a quarrel with her sister-in-law. The next day she was seized with hysterical paroxysms which lasted from five o'clock in the morning until I arrived at four in the afternoon. I got her husband to hold her right arm while I injected thirty drops Spec. Med. Solanum. In a very few minutes

the paroxysms ceased. I had to go farther out into the country. On my return I stopped at the house. There had been no return of the hysteria, and a little over two hours had elapsed. While I was talking with the lady she complained that she had the same queer feeling which she always had before the paroxysm came on. I gave her at once a hypodermic injection of thirty drops of the Spec. Med. Solanum in her right arm. She said the queer feeling vanished. I instructed her to avoid all excitement and placed her on her former prescription. In five months menstruation ceased entirely, and there has been no return of the trouble since. I tried to get an epileptic history, but as far as she knew there was no epilepsy in her family.

A young girl, nineteen years old, who had had several attacks of epilepsy before her marriage, on becoming pregnant the attacks ceased. Two days after her confinement she was seized with puerperal convulsions. They could not get their own physician, so they sent for me. Knowing the history of the family I carried a bottle containing $\mathfrak{z}\text{ii}$ of the Spec. Med. Solanum in my pocket. The nurse told me that she had had fifty convulsions. I put thirty

drops of Spec. Med. Solanum into my syringe and injected it into her right thigh. The convulsions ceased; by that time her own physician had arrived. He did not seem to like it because I had used the drug without consulting him. She had no more convulsions, but she developed a caked breast, which her doctor laid to the hypodermic of Solanum. Hearing it from several quarters I called him up and asked him concerning the statement, which he strenuously denied. I asked him to go with me to several parties whom he had told. He refused, with the plea that he was too busy to spend the time. Having come to the ears of the father of this girl, who was an old schoolmate of mine, and had been one of my patients for several years, he went to his son-in-law and demanded that I should be called in consultation. The other physician refused and was discharged from the case. I was called and ordered an application of Lloyd's libradol night and morning. In three days' time the breast was normal. The patient has had a child since. A month previous to her confinement I placed her on a prescription of Solanum $\mathfrak{z}\text{ii}$, Aqua $\mathfrak{z}\text{iv}$. Dose, teaspoonful four times a day. At her confinement there was no trouble. Two

days afterwards she complained of feeling queer, so to forestall the convulsion I gave her an injection of fifteen drops of Spec. Med. Solanum in her right arm. No convulsions presented themselves, and, contrary to the nurse's expectation, there was no trouble with the breast.

I have been called to several cases since, where the above treatment was used with success. I would advise all physicians, who have patients of an epileptic tendency at the menstrual period, to use Spec. Med. Solanum in accord with prescription above for a month or two before confinement.

In boys at the age of puberty, who are stout and unusually large for their age, loggy and of a morbid disposition, with epileptic seizures, the use of the Spec. Med. Solanum is of great benefit, and in some cases curative.

In one case a young man of sixteen developed very rapidly, and was so morbid about his size that he shunned all company. One day he was sitting under an apple tree and was seized with an epileptic convulsion. The mother sent for me. All the history that I could get was that his great-uncle, on his father's side, had had fits when a boy. I examined him and found that he was

developed sexually more than the ordinary man. I gave him a hypodermic of thirty drops of Spec. Med. Solanum in his right thigh. The convulsion ceased. I wrote for a prescription of Spec. Med. Solanum ʒii , Aqua ʒiv . Dose, teaspoonful every three hours. This was given him for two months, and he had no more convulsions. He continued morbid and retiring for about three years. His cousin came up from New York for a visit and induced him to return with him. They went to Coney Island one night. While there they met two fast women who induced them to spend the night with them. After over an hour's persuasion he finally had intercourse with the one he stayed with. He came back home with his nature entirely changed. A few months ago he married.

Specific Indications. In epilepsy at the menstrual period, hysterical paroxysms at the menopause, puerperal convulsions in persons of an epileptic tendency, and in boys at the age of puberty, who are unusually developed and are of a morbid disposition.

Thuja

Glandular indurations, condylomata, warts, epithelioma, and hydrocele are curative by the use of Spec. Med. Thuja used hypodermically.

Three years ago a man presented himself at my office with three of his inguinal glands hypertrophied and indurated. I questioned him, but could get no history. I strongly suspected a syphilitic taint, but he strongly denied the imputation. I filled my hypodermic syringe with Spec. Med. Thuja, and at the upper edge of each indurated gland I injected about ten drops. This caused considerable burning, which subsided in a few minutes. This dose was repeated for two weeks every other day. The glands gradually softened and assumed their normal proportion, and have not bothered him since.

In condylomata, about five drops Spec. Med. Thuja injected every day into the larger excrescences will prove curative in about fifteen days.

I had a case which had been treated about three months by another physician. I began the use of Spec. Med. Thuja hypodermically, five drops, in seven of the larger

excrescences. In fifteen days the last one disappeared. I then placed the patient upon the treatment for syphilis, and continued it for six months. At the expiration of this period I discharged him cured. This was three years ago and there has been no symptoms of recurrence since.

A number of obstinate cases of warts have been brought to my attention in which the hypodermic use of the Spec. Med. Thuja has produced the best results.

A lady sent for me who had been treated for a long period for a wart, which was as large as a quarter of a dollar, on her lip. It had been sloughed off with crystals of trichlor-acetic acid. When the pain became so severe she could not endure the treatment, the wart returned. It seemed to flourish. I was called in consultation and suggested the use of Spec. Med. Thuja to be painted on the wart. The physician wrote a prescription for the fluid extract, which had no effect. The doctor, going away on his vacation, left the case in my hands. I at once caused the wart to be painted with the Spec. Med. Thuja, which arrested the growth, but did not diminish it in size. I then decided to use the remedy hypodermically. I put ten drops in my syringe and injected it into

the center of the wart. It caused intense burning and pain for a few minutes. The lady said she could even feel it burning and paining in the roots, as she expressed it. I kept this treatment up for several days. The burning gradually subsided. I was called out of town for a few days. When I returned the wart had fallen out. I wrote a prescription for a Thuja cerate and had it applied to cavity twice a day. I then placed the patient upon Spec. Med. Thuja internally, in doses of five drops in water four times a day, for two months. There has been no return since.

An old gentleman who had a wart over his right eye, which would bleed from the slightest irritation, came to me for treatment. I ordered him to paint the wart with Spec. Med. Thuja, which gave no relief. He came back in two weeks and told me I had cured other people and he wanted me to cure him. I placed five drops of Spec. Med. Thuja in my syringe and injected into the wart. It burned intensely. The dose was repeated on the second day, and for several days every other day. It shriveled up and came out, and the patient fully recovered.

I forbear placing in print what the old

gentleman told his friends I injected into the wart.

A woman, forty-seven years of age, came to my office with an epithelioma under her left eye. It was irregular in shape and about the size of a silver dollar. It had begun to involve the lower lid of the eye, so that it was inflamed and burned intensely at times. I used several preparations upon it; amongst them was the Spec. Med. Thuja, without any definite results. I then decided to use the Thuja hypodermically. I injected five drops of the Spec. Med. Thuja in three places on the lower edge of the sore every other day for one week. At the expiration of this time I noticed that the edges had begun to granulate. After seven weeks' treatment the sore was entirely crusted over. At the expiration of the ninth week the scab fell off and the epithelioma was cured. I placed the patient upon a prescription of equal parts of Spec. Med. Trefolium and Spec. Med. Phytolacca. Dose, five drops in water every three hours. I continued this medicine for ten weeks. At the expiration of three years the epithelioma has not returned.

We all know the indications for Thuja in hydrocele, but in one instance the patient

would not submit to being tapped, so I used the local anesthetic ethyl chloride on the scrotum, and aspirated about four drams of fluid and injected a half dram of Spec. Med. Thuja and a half dram of water into the scrotum. The patient swore at me and refused to have any more treatments. After six weeks he came to my office one night and apologized to me for the language he had used. He told me nine days after the treatment the hydrocele had disappeared, and at the present writing it has not reappeared.

Specific Indications. Spec. Med. Thuja hypodermically is specifically indicated in warts, glandular indurations, condylomata, epithelioma, and hydrocele.

Tiger Lily

In Tiger Lily we have a most valuable drug for the treatment of uterine or ovarian congestion in which the underlying cause is engorgement.

Five years ago last March I was called to a young woman who was suffering torture. She had been suffering from ovaritis for five days. The pain would shift from one side to the other, then down the thigh to the knee. One paroxysm would succeed another. I wrote a prescription for a half ounce Spec. Med. Tiger Lily, and ordered her to take five drops in hot water every hour. I directed that hot-water bottles be placed over both ovaries. In about five hours she obtained considerable relief. She was not entirely relieved for nine days. There was no return of the ovaritis for seven months. In the early winter she went to the theater in the afternoon without wearing her rubbers. A cold rainstorm coming on while there, she wet her feet on returning home. That night she was seized with an attack of acute ovaritis. I was summoned and responded at once. I could hear her scream before I rang the doorbell. Upon entering her room I found

her suffering intense agony. In fact I do not think I ever saw a mortal being suffer before as she was doing. The perspiration was pouring off of her and the pillow was wet. Her mother begged me to give her a hypodermic of morphine. Instead of giving her morphia I asked for the girl's bottle of medicine. I injected fifteen drops into each thigh. By actual time, in twenty-seven minutes the pain had entirely ceased. I waited a few moments and then injected fifteen drops more. I directed her to continue with her medicine, and she was glad to obey. It was continued for two months. She had no return of the trouble for over two years. She contracted a cold and a slight attack of ovaritis developed. I was called and treated her as before. She has married since; has had one child without any trouble.

I was called one night about midnight by a midwife to an Italian woman. The midwife had been called and told them it was a case where a doctor should be employed, as she could not prescribe. I found the woman suffering from uterine engorgement. The midwife had tried hot douches and hot drinks without any relief. I injected, at once, thirty drops Spec. Med. Tiger Lily.

The burning was intense. The patient jumped out of bed and knocked me down. Had it not been for a boarder I think I should have fared pretty badly. She finally calmed down as the pain had ceased. There was no return. I gave her a prescription for Spec. Med. Tiger Lily \mathfrak{Z} iii, Aqua \mathfrak{Z} iv. Dose, teaspoonful every two hours. She had no more attacks. Afterwards became the mother of twin boys.

Specific Indications. Ovaritis and metritis due to engorgement.

Veratrum

Spec. Med. Veratrum is a remedy for esthenic conditions. One of the best indications we have for the use of Veratrum is the tongue. I honestly believe that I have seen patients who were allowed to die by physicians who called themselves eclectics, through their lack of knowledge of the common indications of Veratrum. We have been taught to associate the full, bounding, harsh pulse with the use of Veratrum, which is one of its indications, but I have used Veratrum many times when the pulse was just the opposite. At the risk of being classed as a heretic by my own school I pay comparatively little attention to the pulse, for one reason, when I use Veratrum. That is for the size of the dose. I have seen men use aconite and veratrum together, but why they did it I could never understand. The main indication for the use of Veratrum, as I said before, is the tongue. I care not whether the pulse be full and bounding or weak and slow, or weak and rapid, so long as the tongue shows a coating with clean stripe through the middle. This one indication is all sufficient.

Several years ago I was called to a case of pneumonia by an old school doctor, who had his patient on aconite and jaborandi. In a pleasant way I turned to him and remarked, "Doctor, you know just enough about eclectic therapeutics to make you a dangerous man." He says, "Why, your own books say a full, bounding pulse calls for jaborandi." I said, "But, what about the tongue?" He says, "That I cannot tell you." I called his attention to the patient's tongue, which had a clean stripe through the center, and suggested the use of Spec. Med. Veratrum in place of the medication he was giving. He did not change his medicine. The next day he was called away and left the case in my charge. I found the young man in a very bad condition. The depressed effect of the jaborandi had produced a cyanosed condition. I at once stopped his medicine and, taking the tongue indication as my guide, I gave him ten drops of the Spec. Med. Veratrum hypodermically. In a very short time the patient responded; the pulse action was better and the breathing more natural. I then wrote a prescription for Spec. Med. Veratrum gtts. v, and Spec. Med. Bryonia gtts. iii, Aqua ℥iv. Dose, teaspoonful every half hour. The next day

when I called I repeated the hypodermic, giving five drops. I kept up the medication of Spec. Med. Veratrum and Bryonia for five days when the doctor who was in charge of the case returned. He called me up and asked me about the case. I told him I would go with him the next morning and then turn the case over to him. When we arrived at the house, respiration, temperature, and pulse were normal. He looked at me and then at the patient and said, "I am beaten for once. You said you would turn over the case to me, but I see no case to turn over." He frankly admitted to me afterwards he was sure that the case would terminate fatally. Since then I have used Veratrum in many cases of pneumonia.

The hypodermic use of Veratrum in eclampsia is too well known to need any notice at this time or place.

In February, 1912, I was summoned in haste to a woman who was doing a washing. She was taken suddenly with great prostration and weakness. She had an aconite pulse, but on examining the tongue I found the clean cut veratrum indication. I unhesitatingly gave her fifteen drops of the Spec. Med. Veratrum hypodermically in her arm. All of a sudden she said something

had given away in the side near her heart. In a very few minutes she began to recover. I waited fifteen minutes, when I left, telling her I would return in two hours' time. In a little over two hours, when I called again, I found her at the tub washing and singing. If I had followed the pulse indication I would have undoubtedly lost the case, for the merest tyro in medicine could readily see that it must have been an arterial obstruction, otherwise it would not have yielded so quickly to Veratrum.

The latter part of March, 1912, I received an ounce of Subculoyd Veratrum from Prof. J. U. Lloyd, asking me to write a label and furnish data for its use. I did not have to wait long, for in a few days I was called to a case of erysipelas. The pulse was bounding, full but compressible. The tongue had a broad clean stripe through the center. The temperature was 106 degrees. I filled my hypodermic syringe with Subculoyd Veratrum and injected it into the arm. I waited an hour when she received another injection of twenty drops. I applied the stethoscope to her heart, but could find no flagging or weakening of the heart action. I then prescribed Spec. Med. Veratrum gtts. xx in two-thirds glass of

water and directed that a teaspoonful be given every hour. The nurse was instructed to take the temperature at six o'clock and let me know the result. At half past six she called me up and informed me that the temperature had fallen to 103 degrees. I told her that a prescription would be sent from the drug store. I called up the druggist and told him to prepare a four-ounce mixture consisting of gtts. xx Spec. Med. Veratrum, gtts. xxx Spec. Med. Baptisia, \mathfrak{z} iss., Spec. Med. Serpentaria, \mathfrak{z} ii, Aqua.q.s. ad \mathfrak{z} iv. Dose, teaspoonful every hour. The next morning when I called on the patient I found her greatly improved. She was perspiring freely, the burning and itching had subsided to a great extent. Her temperature had fallen to 100 degrees, and instead of being weaker she was stronger. Then just to try out the merits of the Subculoyd Veratrum I stopped all medicine and gave her an injection of fifteen drops in her arm. The next day on calling I found her temperature 99 degrees. The following morning her temperature was normal and the stripe had almost disappeared from her tongue. The pulse was good and the heart was acting normally. To clinch the case I gave a hypodermic of

ten drops of Subculoyd Veratrum. The next day I discharged the case. I can say, without any hesitancy, that this was the worst case of erysipelas that I ever saw.

I have used Subculoyd Veratrum in several cases since and have found it, I think, more effective than the alcoholic preparation, with this in its favor, that the only unpleasant feature in its administration is the prick of the needle, whereas the specific medicine burns intensely.

I should recommend every physician to keep a bottle of the Subculoyd Veratrum in his case.

In closing this chapter I wish to say that, from the use of both of these equally valuable drugs, Spec. Med. Veratrum and Jaborandi, they should never be used in combination, for the physician who so uses them does both drugs an injustice. I have known two or three cases which terminated fatally where the blame was laid upon Veratrum, where upon inquiry I found that these two drugs had been used in combination. The heart depression was caused by the Jaborandi instead of the Veratrum.

Be sure and see that the tongue is entirely coated before you use the Spec. Med. Jaborandi, but under no circumstances use

it if there is a suspicion of a clean stripe on the tongue. If you will take these indications into consideration you will find both drugs an absolute blessing to humanity.

Specific Indications. The full, strong, frequent pulse and the surface flushed. Also, the surest indication, a coated tongue with a clean stripe through the middle, but never use it when this stripe is absent.

Viburnum

In Spec. Med. Viburnum we have a very valuable agent for a large number of the ills from which many women suffer. The influence of Spec. Med. Viburnum on the reproductive tract of the female is most marked and certain; we have no remedy that will soothe or regulate their function as does this agent. It will prove beneficial in a larger number of ills of this nature than any other drug in the materia medica.

Among its many uses that in dysmenorrhea, with spasmodic and cramp-like pains, is the most certain. Give ten drops of Spec. Med. Viburnum in hot water every fifteen minutes for four doses and then every hour and you will soon give your patient relief and cure the condition which leads to cramps. In these cases I invariably use it hypodermically. I have had the most brilliant results from this remedy used in this manner.

About five years ago I was called one night to a case where the patient was in agony, had screamed until she could not make a loud noise, her eyes were suffused and her heart was very weak and palpi-

tating; in short, it seemed as if the patient could not live many hours. I took one-half dram of Spec. Med. Viburnum and heated it over a gas jet, placed it in my syringe and injected it into her thigh. In about five minutes she could articulate, and I gave her a second dose, the same size, in fifteen minutes. I then ordered her to take ten drops in hot water every hour. On calling the next day I found her entirely free from pain.

For afterpains it is an absolute specific. I was called to a patient a short time ago who was in agony. Her physician, who was an old school doctor, had used ammonol in fifteen-grain doses until he had weakened her heart. I at once gave her a hypodermic of ten drops of Spec. Med. Viburnum. This dose was repeated in fifteen minutes. It stopped the pain, and the doctor told the husband after I had gone out that it was the medicine he had given which had relieved his wife, and not what I injected, as that was only the tincture of a weed. The husband came to my office to inquire if I was an eclectic. I told him I was. He was very glad, for his doctor out West, where he came from, was an eclectic. So through the hypodermic of that weed, as our allo-

pathic friend was pleased to call it, I gained a good patient.

There was a woman on the border of a neighboring town who was always subject to post-partum hemorrhage. She had had three children and had suffered in this manner each time, having employed a midwife with each child. With the fourth child she had a different midwife, who called me in. I gave the woman thirty drops of Spec. Med. Viburnum, heated over a lamp, hypodermically. In a half hour she was given the second hypodermic of the same size. It stopped the hemorrhage.

I was called one day to a woman who was suffering most dreadfully from labor pains, induced by taking large doses of cotton root in the fluid extract form. I gave her immediately a hypodermic of Spec. Med. Viburnum, thirty drops, which stopped the pain and prevented the miscarriage. I read her a lecture, and she concluded to go her full time, which she did, and gave birth to a boy. She is now very glad that she did not succeed in her attempt to destroy human life. I believe that Spec. Med. Viburnum will surely neutralize the effects of any form of gossypium on the pregnant uterus. I do not think it ever failed in threatened miscarriage.

We have no Subculoyd Viburnum at present, but we hope we will have one, so as to prevent the pain which the specific medicine causes. The dose must be left to the judgment of the prescriber, but the preparation used should always be Lloyd's Spec. Med. Viburnum. I prefer its hypodermic use in all acute cases, and I believe when we do have a Subculoyd Viburnum it will be very generally, if not universally, used by that very quick and certain method, instead of the slower, though equally certain method by the mouth.

Specific Indications. Muscular cramps, threatened abortion, and post-partum hemorrhage.

White Snakeroot

In the wakefulness and mania of typhoid fever we have a most valuable remedy in the Spec. Med. White Snakeroot, through its action in relieving the irritation and restoring the normal functional activity of the brain.

In some cases of chronic bronchitis it seems to act like magic. In irritation of the bladder where the primary cause is vesical calculi it is to be depended upon every time.

About three years ago was the first time that I ever used White Snakeroot hypodermically. I had a case of typhoid fever in an adjoining town, with pronounced irritation of the brain which caused typhomania. I used several drugs which seemed to be indicated, and on visiting the patient one day I found him in a wild but exhausted state. I realized that something must be done quickly to save my patient's life. I happened to have a bottle of Spec. Med. White Snakeroot in my case. I put fifteen drops of this in fifteen drops of hot water and injected the mixture into his arm. I sat down with many misgivings to watch

the result. In about half an hour he began to grow more quiet. I then repeated the hypodermic injection, giving the same amount as before. I watched him for three hours. He gradually quieted down and fell into a gentle slumber. When he awoke in about four hours he was conscious and very much refreshed. For three days, morning and night, afterwards I gave him the same sized dose hypodermically in the arm. By that time the temperature had fallen, and the conditions had so improved that it was discontinued. He made a rapid recovery, and came to my office in about six weeks afterwards with a young friend of his to pay his bill. He said, "There is the man that saved my life." I happened to have a bottle of Spec. Med. White Snakeroot, with about two drams in it; I picked it up and passing it to the young friend, said, "This is what saved the man's life, not I." The young man handed it over to him. He looked at it and exclaimed, "Why, I know this. When I was a boy I lived in the country and an uncle of mine had pleurisy and the doctor gave him the fluid extract of opium, but could not make him go to sleep. An old woman who lived in the neighborhood came in and said she could give him a good night's

rest without any opium. She went into the woods and dug some roots, and told my aunt to make a tea of them and give him half a cupful of it every three hours. That night, for the first time for four nights, he had some rest. The next morning when the doctor came and was told what had been done he refused to have anything more to do with the case. The old lady took charge of the case and cured my uncle. I afterwards asked her what she gave him. She said nothing but pleurisy root and white snakeroot."

I have used it in a few similar cases since that time and have found it to be equally effectual.

Specific Indications: Irritation of the brain. Morbid watchfulness and wakefulness. Typho-mania. Nervous exhaustion.

OWNER'S NOTES

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